

PERSONAL HISTORY STATEMENT  
CITY OF RICHWOOD

Richwood Police Department  
1800 N. Brazosport Blvd.  
Richwood, TX 77531

PROBATIONARY PEACE OFFICER

AUTHORIZATION TO RELEASE INFORMATION

I hereby request and authorize you to furnish the City of Richwood with any and all information they may request concerning my work record, education history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents if requested. This information will be used for the purpose of determining my eligibility for employment.

I hereby release you and your organization from any liability, which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications.

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LAST NAME	FIRST NAME	MIDDLE NAME
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ADDRESS -- NUMBER / STREET / APT

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CITY	STATE	ZIP CODE
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SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)
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APPLICANT SIGNATURE	DATE (MM/DD/YYYY)
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NOTE: A copy of this release may be retained in your records.